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ABSTRACT

This paper provides a historical and philosophical basis for parent involvement in the education of their children. It also furnishes a rationale for programs in Oregon which combine aspects of the classroom-oriented Standard Center-Based Model and the Home-Based Head Start Mode. Section One places Head Start development in Oregon in the historical context of Head Start's national development. Section Two describes the two models and explores the basis of the combined model, discusses parents as role models, and describes effects of the Oregon program's philosophical base on program design and staff roles. Included is a list of issues that need to be addressed when a Combination Center/Home-Based Model is considered for implementation. Appendices provide sources of findings of major intervention studies, Head Start parent involvement performance standards, a comparison of standard center-based, home-based, and combination-based programs, and sample variations of the combination model. (RH)

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Family Focused Program Designs

An Innovative Approach

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Oregon Head Start Director's Association

FAMILY FOCUSED PROGRAM DESIGNS:

AN INNOVATIVE APPROACH

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INTRODUCTION

The importance of classroom teaching for young children is a given in the field of Early Childhood Education. However, based on the philosophy that parents are the first and best teachers of their children, this paper focuses on the importance of parent involvement in Head Start programs, the relationship it bears to program design, and research findings on the subject. This focus does not in any way dilute the importance of classroom education. Rather, it is intended to demonstrate that a balance of both components is necessary to provide positive gains for children.

This paper will provide a historical and philosophical basis for parent involvement in the education of their children. It also furnishes a rationale for Oregon programs that have chosen designs combining aspects of the classroom-oriented Standard Center Based and the Home Based Head Start models. In Oregon these models have been approved as a Variation in Center Attendance program option. Unlike the Center Based and Home Based models, combination designs are not readily accepted in the national Head Start community.

Considerable data about the value of this combined approach has been collected and will be described in the following pages. None, however, is more compelling than what Head Start parents in Oregon have had to say about it. A statement by a parent from Salem, for example, is just one of many testimonies to the effectiveness of this approach: "I strongly believe that Head Start has helped me as a parent as much as it has helped my children, especially in making me realize that they're capable of far more than I had realized." Another parent agrees: "We have attained much as a family unit because of my personal growth in (parent) groups. I can see the effect this has on the children as well as myself. We relate to one another a lot differently (a lot better). I feel more confident and at ease and therefore so do the children."

HISTORY AND RESEARCH

This section is devoted to placing what happened in Oregon in the historical context of Head Start's national development. Oregon's Combination Center/Home Based model was not developed in a vacuum. It was created as a response to research and events that, far from being unique to Oregon, touched every Head Start program in the country. It is in the tradition of Head Start to change and grow as community needs require and as research points to needed improvements. The development of the Combination model is a part of that tradition.

Head Start began in Oregon as a summer program in 1965, as it did around the country. In 1969, the Westinghouse Learning Corporation, in an early study of Head Start, concluded that: "Summer programs appeared ineffective in producing any persistent gains in cognitive (intellectual) or affective (social and emotional) development that could be detected in the first, second or third grades." (1)

Because of the Westinghouse study as well as four years of field experience and other studies that occurred in the first few years, the move to full year (8 month) programs was underway by 1969 and 1970 all over the country, and in Oregon. The Full Year Half Day program, now known as the Center Based model, was strengthened by the Parent Involvement Policy in 1970, generally known in the field as 70.2. By including this formal requirement, Head Start recognized for the first time that parents had to be an integral part of the program's decision-making process and support the program in other ways as well.

The Westinghouse study also indicated a weakness in the first full-year programs, namely that "(they) were marginally effective in producing gains in cognitive development that could be detected by measures used in the first, second or third grades, but appeared ineffective in promoting detectable, durable gains in affective development." (2) Even these "marginal" gains were undetectable beyond the third grade.

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1. Westinghouse Learning Corporation, (June 1969). The Impact of Head Start, "An Evaluation of the Effects of Head Start on Children's Cognitive and Affective Development," Executive Summary, Ohio University.

2. Ibid.

Other researchers were also studying the effects of Head Start on children and finding the need for increased parent involvement. For instance, in an unpublished doctoral dissertation completed in 1968, J.L.G. McCarthy compared Head Start children in programs with no planned intervention; those that had parents attending informal group meetings; and those with parents receiving weekly educational home visits. McCarthy found that children whose parents received weekly home visits scored higher on the ITFA than children in either of the other two groups. (3)

Starting in 1972, these and other early studies were responsible for stimulating a great flurry of activity in Head Start. New initiatives proliferated around the country, beginning with the establishment of the Home Based model, which delivered services in the child's home rather than at the center. In the same year, the Child Development Associate program was begun in an effort to upgrade staff competencies. The mainstreaming of children with handicapping conditions was started in an effort to bring them the benefits of Head Start, and Education for Parenthood was also established that year in an effort to train high school students in parenting skills. In 1973 Child and Family Resource Programs (CFRP) was founded including one in Salem, Oregon, in order to bring Head Start services to the entire family rather than an individual child. This program also delivers services for a longer period of time than other Head Start programs, to children from birth to eight rather than three to six. Performance standards were set in place at this time in an effort to improve overall program quality. All this activity culminated in 1973 with a national office initiative called Improvement and Innovation, or I & I.

Under the banner of I & I programs were encouraged to look at program design in new ways and to develop models in one of four options: Center Based; Home Based; Variation in Center Attendance; or Locally Designed. In Oregon, I & I resulted in several programs combining the center based and home based options under the variation of center attendance option. While there were several different forms,

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3. McCarthy, J.L.G. (1969). Changing Parent Attitudes and Improving Language and Intellectual Abilities of the Culturally Disadvantaged Four Year Old Children Through Parent Involvement. Unpublished doctoral dissertation. Indiana University. Blommington.

they all had two common elements: children attended centers less than five days each week; teachers visited homes more than three times each year.

During the next few years efforts were made to bring these new models to a point where they were as effective in practice as they were in theory. One of the chief influences on this process was an effort sponsored by the Region X office called the Growth Model. This training in the Growth Model helped Head Start staff learn how to help parents help themselves, rather than having them dependent on outside assistance.

The next clear benchmark came with Head Start's first major expansion in 1978. Expansion provided the opportunity for many programs to reevaluate the way they deliver services. Programs reviewed research, discussed their experience with other programs and evaluated their own. Over a period of time, extending from 1975 to 1982, research showed that:

*The more time parents spent teaching their children, the greater the gains they made. (4)

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4. Abbot, J., Sabatino, D. (1975). Teacher-Mom intervention with academic high risk preschool children. Exceptional Children, 41, 267-269.

*The impact of classroom programs was negative in the absence of any previous or concomitant program involvement. (5)

*Child achievement is positively related to parent involvement. (6)

*Projects which demonstrated significant reduction of special education were home visiting programs or had home visiting components. (7)

*The more home visits the better; the more direct participation of parents the better; the more services for families, not just the child, the better. (8)

*The more time parents were involved in the program, the higher their children tended to score on each of the three measures of cognitive development. (9)

Our experience with CFRP in Oregon showed the value of a family focus. Other Head Start programs working with the Combination Model found that its impact was indeed powerful in affecting the child's development. As Head Start expanded, many programs that had not previously adopted the Combination Model did so and others that had experimented with it were now able to implement it fully. Further research studies have confirmed the underlying principles of the Combination Model; these studies may be found listed in Appendix I.

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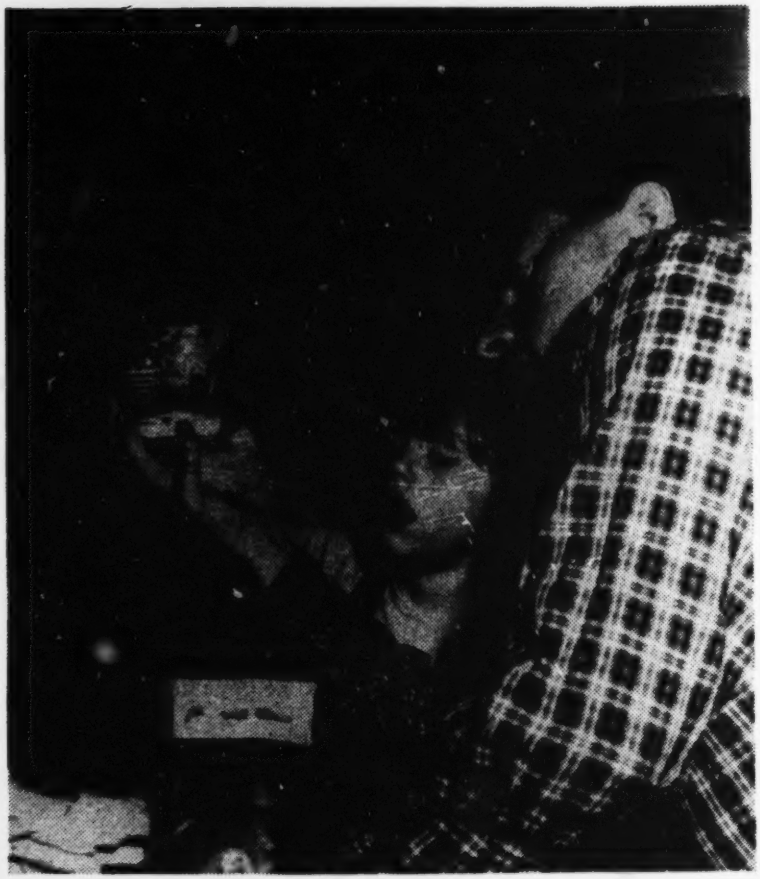
5. Brofenbrenner, U. (1975). Is early intervention effective? in J. Hellmuth Ed. Exceptional Children, 3. New York: Bruner/Mazal.

6. Mann, A., Harrell, A., Hurt, M. (1977). A Review of Head Start Research Since 1969 and an Annotated Bibliography, Washington, D.C., Department of Health, Education and Welfare.

7. Lazar, I., Beller, K., Gordon, I., Aioler, E., Weikart, D., Palmer, E., Miller, L., Levenstein, P., and Peterson, P., (1977). The Persistence of Preschool Effects, a longterm follow-up study of fourteen infant and preschool experiments, Washington, D.C., U.S. Office of Human Development.

8. Consortium for Longitudinal Studies, Ithaca, N.Y. (1978). Lasting Effects after Preschool. A Report of the Consortium for Education Commission of the United States. Denver, Colorado.

9. The University of the State of New York State Education Department, Division of ESC Education Planning and Development (1982). Evaluation of the New York State Experimental Prekindergarten Program.



PHILOSOPHY AND RATIONALE

Basis for the Combination Model

Research and evaluation studies show that positive results for chidren are directly related to comprehensive, quality program designs in which there is a high degree of parent involvement with their children. Although there are other factors that relate to positive gains for children, it is important to note that this form of parent involvement is the most frequently and consistently mentioned. Parent

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involvement in decision-making is also recognized and valued as contributing to quality programs. However, in the context of research, "parent involvement" means some very specific things. The first is active parent involvement in the educational process of the child, in which parents are trained to be effective teachers and become partners with teachers in educating the child. Adult/child interaction takes place frequently and parents spend time teaching their children. Various elements in programs support the accomplishment of these goals, such as parent intervention, parent education based programs with parents directly involved and home visiting programs with the more visits the better. Home based intervention also takes place. All of these elements are geared toward the maximum direct participation of parents in the education of their children and in addition, these programs provide services to whole families, not just the children.

It seems clear from these components that positive gains for children are dependent on parent education and the direct guidance and involvement of parents with their own children. Research findings validate the philosophy that parents are the most influential "educators and enablers" of their own children. Program designs in Oregon emerged from the desire to respond to the developmental needs of preschool children while promoting this philosophy, one which is substantiated by evaluation and research findings and mandated throughout Head Start Performance standards. (See Attachment II)

Parents as Role Models

Oregon designs are based on the belief that long-term gains for children depend on the long-term, positive role modeling and guidance they receive from their parents, not only during the Head Start years, but throughout their lives. This philosophy is predicated on the assumption that parents must feel confident and competent as adults before their children can benefit fully from Head Start. It is very difficult for parents who have not worked through their own problems to take on positive role modeling or the "educating" of their children. These problems can range from their own school failure and a lack of knowledge of parenting skills and child development to alcohol and drug abuse, incest, child abuse and neglect. Therefore, Head Start programs in Oregon attempt to break such cyclical problems through a family focused approach that provides services to both parents and children.

This approach is consistent with the parent empowering approach

used in the "Empowering Families" manual developed by Cornell University. (10) This training manual is specifically designed for those people working with families with young children and emphasizes family strengths and informal support systems. The Family Matters Project, of which the manual is a part, is based on four beliefs: all families have strengths; parents should be given positive recognition as experts on their children; a variety of family forms can promote the development of both healthy children and healthy adults; cultural differences are valid and valuable.

Oregon's Combination Design provides parental empowerment through parent education components. These components begin with the home visit, in which problems are identified and solutions defined that may include participation in classes or "groups."

Effects of the Philosophy on Design and Staff Roles

This philosophical base affects both program design and the role of Head Start staff. In addition to classroom education, Oregon programs have made serious attempts to create models that have components for strong parent involvement, as well as components for home visits in which parents have direct interaction with their children with a teacher present as facilitator. The underlying purpose behind all activities in this model is to empower parents in their role as primary "educators" and role models for their own children. Parent education and the parent/child relationship are a major focus and the teacher/child relationship is not a primary objective of the program, although it is important. Rather, the teacher takes on the role of facilitator in the learning process for child and parent. The teacher can play this role in the classroom with the child, with the parent as a volunteer, with parent and child on home visits and with the parent as an adult person and learner on home visits and in parent education groups.

Both the research and the field experience show that in order to facilitate the growth of both parents and children, program designs must provide a balance of time - in the classroom, for home visits and for parent education.

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10. Brofenbrenner, U., and Cochran, Moncrief, (1984). Department of Human Development and Family Studies, and Cross, Jr., William, Africana Studies and Research Center. Family Matters Project, Cornell University, Ithaca, New York.

Description of Models

There are essentially two well-defined Head Start models used around the nation, the Standard Center Based and Home Based models. Each seems to lie at the extreme ends of the spectrum of what research and experience show are needed for young children. Children have many needs; some of the most essential are: peer socialization, developmental appropriate educational stimulation, parental guidance and role modeling, and parental bonding. It is interesting to note that the Standard Center Based Model, whose major focus is classroom education and peer socialization, is the design of choice primarily in urban areas where children live close to one another with many opportunities for peer contact. The Home Based Model, on the other hand, whose major focus is home visits with limited opportunities for peer socialization, is the design of choice in rural areas where children live far apart and thus have a greater need for peer socialization.

Keeping these needs in mind, the following is an assessment of the Head Start models (see Appendix III). In the case of the Standard Center Based Model, the emphasis is child centered and child focused, since two home visits a year allow for very little consistent, in-depth parent or family contact. The teacher/child relationship is the primary focus, with consistent and frequent classroom time in a five-day week. Home visits are used for parent-teacher conferences in which the teacher informs the parent about the child's school progress and tells the parent how she/he can assist the teacher with the child's education. Thus the parent becomes the facilitator in the teacher/child relationship. With its focus on center-based activities, this model actualizes the child's need for peer socialization and educational stimulation.

The Home Based Model is family centered and family focused, allowing for only two center-based experiences per month. (In reality, a full year of Home Based model provides the same amount of child/peer socialization time as summer programs, which research indicates is not enough to make significant gains for children.) The parent/child relationship is the focus, as home visits are frequent and consistent at three per month and in them the teacher is primarily the facilitator of the parent/child relationship. This model actualizes the philosophy of the parent as the prime teacher and role model for his/her own children.

Oregon's Combination Center/Home Based Model is designed to incorporate the positive aspects of both the Standard Center Based and Home Based models. By combining the best of each, it meets the developmental needs of children by working with and through the family. It is both child centered and family focused, since it allows for a consistent balance between child-centered classroom time and family focused home visit time, offering one to three home visits per month and two to four classroom days per week. Since home visit and classroom time are frequent and consistent, the design is focused on both parent/child and teacher/child relationships. Teacher and parent share and support one another's facilitator roles as appropriate for the child. In addition, this model actualizes the parent as the primary "educator" and role model of the child, as well as the child's need for peer socialization. (See Appendix IV)

Conclusion

In analyzing program models that have the most benefit for children, it is evident that the compromise becomes stronger than either of the extremes. Thus the Combination Center/Home Based Model was created in Oregon.

Dr. Irving Lazar, in evaluating and reflecting on research studies, said, "It is my belief the basic reasons these early programs had such long lasting effects is not curricular but rather is a result of changes in parent's values and anticipations for their children. A single shot of preschool seems hardly enough to produce a lifelong change. I believe that the increased participation of parents provided the value change that led them to encourage and reward their children's activities" (emphasis added).

In conclusion, it seems clear that research indicates that successful gains for children are a direct result of programs with strong home visit and parent education components in addition to the child classroom education. The Combination Center/Home Based Models acknowledge the needs of the whole child and were developed in response to them. In addition, they provide avenues for parental value changes in a supportive and consistent manner.

WHERE TO BEGIN

The following is a list of issues that need to be addressed when considering adoption of a Combination Center/Home Based Model. While these are roughly in the order in which they should be considered, individual programs may wish to deal with them differently.

1. Parent Resistance: For a number of reasons, parents are often resistant to changing anything in a program. Sometimes they feel "the program is fine the way it is so why mess with it?" Their concept of preschool can be tied to the classroom experience, so they don't want to try something new and unknown. Whatever parental concerns may be, they must be identified and addressed openly and honestly. The best response must include a communication of findings that show child gains are longer lasting when there is more parent involvement.

2. Education Staff Resistance: This can sometimes be more difficult than parent resistance as the changes may be seen as a threat to job security or job satisfaction. Education staff, many of whom are trained to work with young children specifically, may feel unable or unwilling to work with adults and all will feel apprehensive about the change. Frank and open discussion of people's fears and ways in which they can be overcome are an important part of the solution to the problem.

3. Social Service Staff Resistance: The Social Service staff may see this change as an encroachment on their area of expertise. Here, too, it is important for staff to know that while the change might be difficult, it is being undertaken in order that the program can be more effective.

4. Staff Qualifications and Training: Because you will be asking staff to perform different kinds of tasks with different types of people, they will need training for their new roles. The best training resource currently available is the Home Visiting and Building Clusters model published by the Family Matters Project at Cornell University mentioned earlier, which you may find at your County Extension office. In-service training is also an issue that must be addressed. Trainers and consultants should be carefully screened to ascertain that they are in agreement with the program philosophy.

5. Supervision: The question of how to supervise home visitors is another area that needs attention. It is awkward to bring an observer into a home visit. Nevertheless, it is necessary to do it in order to have a clear impression of what is taking place. Because home visit observation is awkward, it is common for programs new to this model to fail to supervise their home visitors. In order to maintain high quality performance, it is essential that this function be clearly planned and implemented. One way this can be done is to make it part of someone's job description to observe and counsel home visitors.

6. The need for increased services: This problem will inevitably come up as programs become more involved with families. Increased contact by program staff makes them better able to assess specific problems as well as the need to have services available to deal with them. It is best if these services are provided by outside agencies, but if they are not available the program must endeavor to have them provided or do it themselves.

7. Working Parents: Parents who are employed outside the home are a problem because they are less available for home visits. Even when parents are not working at the time of registration they may get a job in the middle of the year. This problem demands creative solutions from parents and staff as well as a deep commitment to getting home visits accomplished.

All these problems are solvable. They require patience, hard work, creativity and cooperation. The greatest help, however, is the commitment to the philosophy that PARENTS ARE THE BEST TEACHERS OF THEIR CHILDREN. If solutions support this philosophy, then they are correct. One last suggestion, one can always find help by contacting the Oregon Directors Association.

The effort is worth it, as is shown by the following remarks by Sandy Foley, a parent from Salem, Oregon:

"I strongly believe that credit should be given to a program that supports and promotes the family unit. Not only has the program given my two oldest children a valuable preschool experience; it has made for a happier, healthier, more secure home. I may still live in poverty, but my focus has changed from how bad things are to how great things will be. I applaud a government program that can pull me out of despair and instill in me the dignity and self-worth that my children and I deserve as people. This is something I can now pass on to my children with confidence, knowing that they will reach for the stars, because not only can they do this, but so can I."

APPENDIX I

FINDINGS OF MAJOR INTERVENTION STUDIES

Children who have active parent participation in their learning activities showed greater gains on various developmental measures than children not having involvement.

Brofenbrenner, U. (1975). Is early intervention effective? In M. Guttentag & E.L. Struenig (Eds.) Handbook of Evaluation Research (Vol. 2). Beverly Hills, California: Sage Productions.

Comptroller General (1979). Early Childhood and Family Developmental Programs Improve the Quality of Life for Low Income Families. Report to Congress.

Dudzinsky, D. and Peters, D.L. (1977). Home based programs: a growing alternative. Child Care Quarterly, 6(1), 61-71.

Honig, A. (1981). Parent involvement in early childhood education. In Spodek, B. (Ed.), Handbook of Research in Early Childhood Education. New York: The Free Press.

Ksyela, G.M., Marfo, K., and Barros, S. (1980). Early Intervention Program with Handicapped Children. Paper presented at the Convention of the American Psychological Association, Montreal, Canada. (ERIC Document Reproduction Service No. Ed 201 106).

Schweinhart, L.J. and Weikart, D.P. (1980). Young Children Grow Up: The Effects of the Perry Preschool Program on Youths Through Age 15. High/Scope Press. Ypsilanti, Michigan.

Home based intervention procedures have been found to be more effective and economical than institutional or classroom based programs.

Brofenbrenner, U. (1975). Is early intervention effective? In M. Guttentag & E.L. Struenig (Eds.), Handbook of Evaluation Research (Vol. 2). Beverly Hills, California: Sage Productions.

Dudzinsky, D. and Peters D.L. (1977). Home based programs: a growing alternative. Child Care Quarterly, 6(1), 61-71.

Ksyela, G.M., Marfo, K., and Barros, S. (1980). Early Intervention Program with Handicapped Children. Paper presented at the Convention of the American Psychological Association, Montreal, Canada. (ERIC

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Training parents to be effective teachers of their children can produce higher levels of self-esteem in both child and parent.

Brofenbrenner, U. (1975). Is early intervention effective? In M. Guttentag & E.L. Struenig (Eds.), Handbook of Evaluation Research (Vol. 2). Beverly Hills, California: Sage Productions.

Comptroller General (1979). Early Childhood and Family Developmental Programs Improve the Quality of Life for Low Income Families. Report to Congress.

Schweinhart, L.J. and Weikart, D.P. (1980). Young Children Grow Up: The Effects of the Perry Preschool Program on Youths Through Age 15. High/Scope Press. Ypsilanti, Michigan.

Center based programs have been found to produce greater gains in child development measures if they include a home based parent participation component than those without it.

Simeonson, R.J., Copper, D.H., and Scheiner, A.P. (1982). A review and analysis of the effectiveness of early intervention programs. Pediatrics, 69 635-641.

Schweinhart, L.J. and Weikart, D.P. (1980). Young Children Grow Up: The Effects of the Perry Preschool Program on Youths Through Age 15. High/Scope Press. Ypsilanti, Michigan.

Early intervention programs which involve a high degree of parent participation have been associated with reduced health, social, and educational problems in later years of the child's life.

Comptroller General (1979). Early Childhood and Family Developmental Programs Improve the Quality of Life for Low Income Families. Report to Congress.

APPENDIX II

HEAD START PERFORMANCE STANDARDS

"PARENT INVOLVEMENT"

Education

1304.2-1 Education services objectives. (p. 4)

(c) Involve parents in educational activities of the program to enhance their role as the principle influence on the child's education and development.

(d) Assist parents to increase knowledge, understanding, skills, and experiences in child growth and development.

(e) Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.

1304.2-2 Education services plan content: operations. (p. 4)

(a) ...the plan shall provide methods for assisting parents in understanding and using alternate ways to foster learning and development of their children.

(e) The plan shall provide methods for enhancing the knowledge and understanding of both staff and parents of the educational and developmental needs and activities of children in the program. These shall include:

(1) Parent participation in planning the education program, and in center, classroom and home program activities;

(2) Parent training in activities that can be used in the home to reinforce the learning and development of their children in the center;

(3) Parent training in the observation of growth and development of their children in the home environment and identification of and handling special developmental needs;

(5) Staff and parent training .... in child development and behavioral developmental problems of preschool children.

Services

1304.4-1 Social services objectives. (p. 55)

(c) Achieve parent participation in the center and home program and related activities.

(d) Assist the family in its own efforts to improve the condition and quality of family life.

Parent Involvement

1304.5-1 Parent involvement objectives. (p. 58)

(a) Provide a planned program of experiences and activities which support and enhance the parental role as the principle influence in their child's education and development.

(b) Provide a program that recognizes the parent as:
(1) Responsible guardians of their children's well being.
(2) Prime educators of their children.

(c) Provide the following kinds of opportunities for parent participation:
(4) Working with their own children in cooperation with Head Start staff.

1304.5-3 Parent involvement plan content. (p. 59): enhancing development of parenting skills. The plan shall provide methods and opportunities for involving parents in:

(a) Experiences and activities which lead to enhancing the development of their skills, self-confidence, and sense of independence in fostering an environment in which their children can develop to their full potential.

(b) Experiences in child growth and development which will strengthen their role as the primary influence in their children's lives.

(c) Ways of providing educational and developmental activities for children in the home and community.

APPENDIX III

Standard Center Based	Home Based	Combination Based
A. Child centered-child focused emphasis.	A. Family centered - family focused emphasis.	A. Child centered - family focused emphasis.
B. Teacher/child relationship	B. Parent/child relationship	B. Teacher/child and parent/child relationships are the focus as appropriate for child
C. Parent primarily facilitates the teacher/child relationship.	C. Teacher primarily facilitates the parent/child relationship.	C. Teacher and parent share the facilitator role, as appropriate for the child.
D. Actualizes child's need for peer socialization and educational stimulation.	D. Actualizes parent as primary role model.	D. Actualizes parent as primary role model and child's need for peer socialization and educational stimulation.

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APPENDIX IV

SAMPLE MODELS

OF

COMBINATION CENTER/HOME BASED

Model I - 3 classroom days per wk, 2 home visits per mo.

Three Classroom or Center Based days per week. Which days these are varies from program to program, but for this example we are using Monday, Wednesday, and Friday. Every month there are two Home Visits of 1 - 1 1/2 hour duration each, for every family. These Home Visits are provided by the teacher and the assistant teacher on one day each week, in this example on Tuesdays. Each visitor visits half the families. The fifth day, Thursday, is set aside for staff training, planning and meetings. For clarity we offer two charts. Chart A shows the model from the point of view of the child and Chart B from the point of view of the teacher.

Monday	Tuesday	Wednesday	Thursday	Friday
Classroom Day	Home Visit	Classroom Day	Child Work with Parent	Classroom Day
"	Child Work with Parent	"	"	"
"	Home Visit	"	"	"
"	Child Work with Parent	"	"	"

CHART A / Child

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Monday	Tuesday	Wednesday	Thursday	Friday
Classroom Day	4-5 Home Visits	Classroom Day	Training Day	Classroom Day
"	"	"	Planning Day	"
"	"	"	Meeting Day	"
"	"	"	Planning Day	"
CHART B / Parent				

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Model II - 2.5 classroom days per wk, 3 home visits per mo.

There are 5 consecutive week days (Wednesday, Thursday, Friday, Monday, and Tuesday) and 5 consecutive days at home. In addition there are three home visits per month, per family, of 1 - 1 1/2 hour duration. These home visits are provided for one half the children by the teacher and for the other half by the assistant teacher. As in Model I we provide two charts, Chart C from the child's point of view and Chart D from the teacher's point of view.

Monday	Tuesday	Wednesday	Thursday	Friday
Home Visit	Child Work with Parent	Classroom Day	Classroom Day	Classroom Day
Classroom Day	Classroom Day	Child Work with Parent	Home Visit	Child Work with Parent
Child Work with Parent	Child Work with Parent	Classroom Day	Classroom Day	Classroom Day
Classroom Day	Classroom Day	Home Visit	Child Work with Parent	Child Work with Parent

CHART C / Child

Monday	Tuesday	Wednesday	Thursday	Friday
(A) 4-5 Home Visits	(B) 4-5 Home Visits	Classroom Day	Classroom Day	Classroom Day
Classroom Day	Classroom Day	Planning Day	(A) 4-5 Home Visits	Staff Training
(B) 4-5 Home Visits	Planning Day	Classroom Day	Classroom Day	Classroom Day
Classroom Day	Classroom Day	(A) 4-5 Home Visits	(B) 4-5 Home Visits	Staff Training

CHART D / Teacher

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ADDITIONAL RECOMMENDED REFERENCES

The Head Start Home Visitor Handbook; Wolfe, Barbara and Julia Hewing, editors; Portage Project, Cooperative Educational Service Agency #5, 626 East Slifer Street, Portage, Wisconsin, 53901.

Serving Handicapped Children in Home-Based Head Start; Department of Health and Human Services Publication Number (OHDS) 84-31169; Superindendent of Documents, US Government Printing, Washington D.C. 20402.